1 6	FLED. MAY	1 1953		DIVISION OF				•	• .	142	10°5 °
	1100		STA	NDARD CER	TIFICATE	OF DEA	ATH	State	File No	・エエし	700
	BIRTH NO		REG. DI	ST. NO	PRIMARY I	REG. DIST.	ю	02 Kegi	strar's No.	JUC	32
1	I. PLACE OF DEA	TH			II 2. USU/	AL RESID	ENCE (WI	ers decessed U	ived. If in	ninguion: re	eldense before
D		ckson			a. STAT	TE A	5500-1	b. CO	UNTY	acKs	adminion).
ŀ	b. CITY (If outside cor			c. LENGTH	James III OR	(If outside our		write RURAL a			C.C.
	TOWN Kan	san C.	Κ γ	12 yr	TOW	N KO		<u>e Xy</u>		340	8 8
	d. FULL NAME OF (1 HOSPITAL OR INSTITUTION	<i>l</i>		e street address ostoosti	ADDF	EET RESS	(II mml. e	ive location)	-0 [:wa:	R	. \ \
	3. NAME OF	a. (First)	070-7	by (Middle)	1037	(Last)		4. DATE	(Month)	(Day)	(Year)
ı	(Type or Print)	ARles	A . ' ?	3id Bi	nic	hols	}	OF DEATH	4	11	53 .
I	5. SEX D 6.	COLOR OR RACE	7. MARRI	ED, NEVER MARRIED ED, DIVORCED (Speci	, 8. DATE	OF BIRTH		9. AGE (In yes	are if there		UNDER M HRS.
	Male	white	_ WII	DOWED 1	<u> </u>	<u>4· 186</u>	9	83			
I	10a. USUAL OCCUPATIO	N (Give kind of work as ille, even if retired)	106. KINC	OF BUSINESS OR DUST	IN- 11. BIRTH RY 4.4	IPLACE (Ci	ty and State	or Foreign Com	iatry)	12. CITIZI	EN OF WHAT
i	RETIRED		ULING	<u>. </u>	<u> VIADI</u>	<u>50N, W</u>	ISCON.		/	<i>U. S.</i>	A
ŀ	13a. FATHER'S HAME	. م		3b. MOTHER'S MAI	DEN NAME	100	14. NAME	- A /	OR WIF		
	TOBERT ().	YICHOLS.		HRISTINA 16. SOCIAL SECURI		YEK DRMANT'	JANE S SIGNA	E. /Y/C	HOLS		DDRESS
ı	(Yes, ng. or unknown) (If	yes, give war or date		191.16.155	Mec	ALICE	A/ EVE	DETT	7211/	AHENTO	
	18. CAUSE OF DEATH			MEDICA	L CERTIFIC	CATION	N.E.YS	7511	141 V	INTERVA	AL BETWEEN
	Enter only one cause per	I. DISEASE OR O	CONDITION			t-a	٠			ONSET	AND DEATH
ı,	line for (a), (b), and (c)	DII		111 101							
				(6)		***	1m.	m. 07		- 	7
	*This does not mean	ANTECEDENT C	CAUSES	••			(m.n	m. 07			-
	*This does not mean the mode of dying, such as heart fallure, authenia,	ANTECEDENT C	CAUSES	ing DUE TO (b)			(m.,	m. 07		-	
	*This does not mean the mode of dying, such as heart fallure, authenia, etc. It means the dis-	ANTECEDENT C	CAUSES	ing DUE TO (b)			[m.n	m. 07	-		
	*This does not mean the mode of dying, such as heart fallure, authenia,	ANTECEDENT C Morbid condition rise to the above the underlying co	CAUSES ns, if any, give cause (a) state ause last. IIFICANT CON	ing DUE TO (b) DUE TO (c)			[m	m. 0 j	-		
	*This does not mean the mode of dying, such as heart fallure, asthenia, ctc. It means the dis- ease, injury, or complica-	ANTECEDENT C Morbid condition rise to the above the underlying co II. OTHER SIGN Conditions contr- related to the dise	CAUSES ns, if any, give cause (a) state ause last. UFICANT COn- ributing to the cease or condition	ong DUE TO (b) ing _ DUE TO (c) NDITIONS death but not on causing death.			(m	m. oj	-		
	*This does not mean the mode of dying, such as heart fallure, asthenia, ctc. It means the dis- ease, injury, or complica-	ANTECEDENT C Morbid condition rise to the above the underlying co II. OTHER SIGN Conditions contr- related to the dise	CAUSES ns, if any, give cause (a) state ause last. UFICANT COn- ributing to the cease or condition	ong DUE TO (b) ing . DUE TO (c) NDITIONS death but not			(m.a	m. 0j	-	20. AUT	
	*This does not mean the mode of dying, such as heart fallure, asthemia, etc. It means the dis- ease, injury, or compilea- tion which caused death. 19a. DATE OF OPERA- TION	ANTECEDENT C Morbid condition rise to the above the underlying co 11. OTHER SIGN Conditions contr- related to the dise 19b. MAJOR FIN	CAUSES na, if any, give cause (a) state ause last. IIFICANT CON ributing to the case or condition NDINGS OF C	DUE TO (b) DUE TO (c) NDITIONS death but not m causing death. DPERATION	Late (CIT	TOWN OR	(m.a	m. 0)	·	20, AUT	X NO
	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION	ANTECEDENT C Morbid condition rise to the above the underlying co II. OTHER SIGN Conditions contr- related to the dise	CAUSES ns, if any, give cause (a) state ause last. UFICANT CON ributing to the cease or condition NDINGS OF C	ong DUE TO (b) ing _ DUE TO (c) NDITIONS death but not on causing death.	outs 21c. (CIT	Y, TOWN, OR	TOWNSHIP	(C	OUNTY)	20, AUT	
	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month)	ANTECEDENT C Morbid condition rise to the above the underlying co 11. OTHER SIGN Conditions contr- related to the dise 19b. MAJOR FIN	CAUSES ns, if any, gire cause (a) state ause last. IIIFICANT CON ributing to the case or condition NDINGS OF C 21b. PLACE (bome, farm, fa	DUE TO (b) DUE TO (c) NUITIONS death but not measuring death. DPERATION DESCRIPTION DESCRIPT	ns.)	Y, TOWN, OR		m - 0 g	OUNTY	20, AUT	X NO
	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Moash) OF (Moash)	ANTECEDENT C Morbid condition rise to the above the underlying co the description (Onditions contr- related to the dise 19b. MAJOR FIN (Bpecity) (Day) (Year)	CAUSES na, if any, girc cruse (a) stat ause last. IIFICANT CON thisting to the ease or condition NDINGS OF C 21b. PLACE C bome, farm, fa (Hour) 21 Winn. Will	DUE TO (b) ing DUE TO (c) DUE TO (c) NDITIONS death but not on causing death. DPERATION DFINJURY (e.g., in or all octory, street, office bidg., the component of the	ED 21f. HOW	DID INJURY	OCCURT		· · ·	20. AUT YES (S	NO D
	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month)	ANTECEDENT C Morbid condition rise to the above the underlying co the description (Onditions contr- related to the dise 19b. MAJOR FIN (Opecity) (Day) (Year)	CAUSES na, if any, gire cruse (a) state ause last. IIFICANT CON thisting to the ease or condition NDINGS OF Condition 21b. PLACEC bome, farm, fa (Hour) 21 Wh the decease	DUE TO (b) ing DUE TO (c) DUE TO (c) NDITIONS death but not on causing death. DPERATION DFINJURY (e.g., in or all octory, street, office bidg., the component of the	21f. HOW	DID INJURY	OCCUR1	, 19 <u>53</u> ,	that I la	20. AUT YES (S	X NO
	*This does not mean the mode of dying, such as heart fallure, asthemia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Moath) OF INJURY 22. I hereby certify t	ANTECEDENT C Morbid condition rise to the above the underlying co II. OTHER SIGN Conditions contr related to the dise 19b. MAJOR FIN (Bpecity) (Day) (Year) that I attended	CAUSES na, if any, gire cruse (a) state ause last. IIFICANT CON thisting to the ease or condition NDINGS OF Condition 21b. PLACEC bome, farm, fa (Hour) 21 Wh the decease	DUE TO (b)	21f. HOW 195 at 1/2 00 A	DID INJURY 3, to m., from to	OCCUR1	, 19 <u>53</u> ,	that I la	20. AUT YES (S	NO D
	*This does not mean the mode of dying, such as heart fallure, asthemia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mouth) OF INJURY 22. I hereby certify telling on 4-	ANTECEDENT C Morbid condition rise to the above the underlying co II. OTHER SIGN Conditions contr related to the dise 19b. MAJOR FIN (Bpecity) (Day) (Year) that I attended	CAUSES na, if any, gire cruse (a) stat ause last. IIFICANT CON thisting to the ease or condition NDINGS OF C 21b. PLACEC bome, farm, fa (Hour) 21 Wh the decease and th	DUE TO (b)	21f. HOW 195 at 1/2 00 A	, to, m., from to	OCCUR1	, 19 <u>53</u> ,	that I la	20. AUT YES (S st saw the dabove. Z3c. DA	TATE) e deceased
	*This does not mean the mode of dying, such as heart fallure, asthemia, etc. It means the disease, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify the calive on 4-23a. SIGNATURE 124a. BURIAL, CREMA	ANTECEDENT C Morbid condition rise to the above the underlying co the underlying co the underlying contrelated to the dise 195. MAJOR FIN (Bpecity) (Day) (Year) that I attended 11 , 155 William I	CAUSES ns, if any, gire cause (a) state ause last. IIFICANT CON ributing to the case or condition NDINGS OF C 21b. PLACEC borne, farm, fa (Hour) 21 while the decease 3; and the OVIC MUIT	DUE TO (b) DUE TO (c) DUE TO	21f. HOW 21f. HOW 21f. HOW 21f. HOW 21f. HOW 21f. HOW	3, to	OCCUR? 4 - 11 he causes 20. LOCAT	, 19 53, and on the worl Mu	that I la	20. AUT YES (S st saw the d above. 23c. DA	TATE) e deceased TE SIGNED
	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or compileation which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify the latter on 4- 23a. SIGNATURE 24a. BURIAL. CREMATION, REMOVAL (Speedty) BURIAL	ANTECEDENT C Mortide condition rise to the above the underlying on II. OTHER SIGN Conditions contri- related to the dise 19b. MAJOR FIN (Bpecity) (Day) (Year) Chat I attended II., 195 William L 24b. DATE 4-14-5	CAUSES ns, if any, girr cause (a) stat ause last. IIIFICANT CON ributing to the cause or condition NDINGS OF C 21b. PLACE C bome, farm., fa (Hour) 21 W the decease 3; and the covice Mun 3	DUE TO (b) DUE TO (c) DUE TO	21f. HOW 21f. HOW	DID INJURY 3, to	occuri 1 - 11 he causes 20. LOCAT KANSA	, 19 53, and on the worl Mu	that I ladate state	20. AUT YES (S st saw the ed above. Z3c. DA 4 -	TATE) e deceased TE SIGNED // - 5 5
	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or compileation which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE 21d. TIME (Mouth) OF INJURY 22. I hereby certify the lative on 4- 23a. SIGNATURE 24a. BURIAL. CREMATION, REMOVAL Greath.	ANTECEDENT C Mortide condition rise to the above the underlying on II. OTHER SIGN Conditions contri- related to the dise 19b. MAJOR FIN (Bpecity) (Day) (Year) Chat I attended II., 195 William L 24b. DATE 4-14-5	CAUSES ns, if any, girr cause (a) stat ause last. IIIFICANT CON ributing to the cause or condition NDINGS OF C 21b. PLACE C bome, farm., fa (Hour) 21 W the decease 3; and the covice Mun 3	DUE TO (b) DUE TO (c) DUE TO	21f. HOW 21f. HOW 21f. HOW 21f. HOW 21f. HOW 21f. HOW	DID INJURY 3, to	occuri 1 - 11 he causes 20. LOCAT KANSA	and on the SOLITY GNATURE	that I la date state	20. AUT YES (S st saw the ed above. Z3c. DA L4 nty) DDRESS	e deceased TE SIGNED // -5 \$ (State)
-	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or compileation which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify the latter on 4- 23a. SIGNATURE 24a. BURIAL. CREMATION, REMOVAL (Speedty) BURIAL	ANTECEDENT C Mortide condition rise to the above the underlying on II. OTHER SIGN Conditions contri- related to the dise 19b. MAJOR FIN (Bpecity) (Day) (Year) Chat I attended II., 195 William L 24b. DATE 4-14-5	CAUSES ns, if any, girr cause (a) stat ause last. IIIFICANT CON ributing to the cause or condition NDINGS OF C 21b. PLACE C bome, farm., fa (Hour) 21 W the decease 3; and the covice Mun 3	DUE TO (b) DUE TO (c) DUE TO	21f. HOW 21f. HOW at 1/2 A. 19 5 23b. ADD TERY OR CRE H CEMET 25. FUNE FREEI	DID INJURY To Many MATORY TERY TERN MAN MO	occuri 1 - 11 he causes 20. LOCAT KANSA	and on the SOLITY GNATURE	that I ladate state	20. AUT YES (S st saw the ed above. Z3c. DA L4 nty) DDRESS	e deceased TE SIGNED // -5 \$ (State)

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
	Student Embalmer No
valling under my personal expensions	

STATEMENT BY LICENSED EMBALMER

Signed Walter H. E. Licensed Embalmer, No. 4352

Note: . The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to Tompi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.